

2007 Governor's Community Service Scholarships



Recognizing High School Students

Who Are Serving Their Communities

Apply for scholarships online at:

(<http://www.mt.gov/mcsn/grantsawards/govAwardComServ.asp>)

Montana Commission on Community Service
Office of the Governor
P.O. Box 200801
Helena, MT 59620

Governor's Community Service Scholarship

2007 Governor's Community Service Scholarship Form

Forms with missing or illegible information are ineligible and will not be processed.

Deadline: May 15, 2007. Forms will not be processed after this date.

STUDENT INFORMATION

Please be sure this section is complete and legible. We will use the information listed in this section for mailing notification materials and for any additional contacts with the students. If information is missing or illegible, the form will not be processed.

First Name: _____ M.I. _____ Last Name: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Student's Email: _____

☐ Male ☐ Female

Home Phone () _____

Birth date: ____/____/____ Social Security Number: ____-____-____
(REQUIRED)

HIGH SCHOOL INFORMATION

Please provide the name of a contact at the school. Please provide an e-mail address.

Forms submitted on line will receive confirmation of receipt of certification forms.

Full Name of High School: _____

School Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ School Phone # _____

Summer Email Address: _____ Summer Phone # _____

The primary purpose of this information collection is to determine eligibility and award the scholarships. Providing this information is voluntary. All information contained in the application is available to the Montana Commission on Community Service and organizations contacted to provide technical and administrative support.

Publicity Release (Optional)

If I am selected to receive a Governor's Community Service Scholarship, the Montana Commission on Community Service may use my name and the name of my school for purposes of news, publicity, and publications.

Student Signature: _____

Parent/Guardian Signature: _____

Student Service Information

Approximate number of hours served in the past 12 months: _____

(The past 12 months is defined as the period 12 months prior to the date this form is completed.)

Please classify the service performed.

Name of organization or agency where you worked: _____

Contact Name at organization or agency: _____

Phone # and Mailing address: _____

Name of organization or agency where you worked: _____

Contact Name at organization or agency: _____

Phone # and Mailing address: _____

Name of organization or agency where you worked: _____

Contact Name at organization or agency: _____

Phone # and Mailing address: _____

Other:

Certification

The school principal or head of school must complete this section. No other staff member or any other person may sign on behalf, or in place of, the principal.

I verify that (student's name) _____ has completed at least 100 hours of service to the community, meets the eligibility requirements of the program, and displays outstanding leadership in service. I certify that the information on this form is accurate, that no more than one student is being certified to receive this scholarship and that the process by which the student was selected did not discriminate on the basis of race, color, national origin, disability, sex, age, political affiliation or religion.

Principal's Signature: _____

Principal's Full Name: (Print) _____

Date of your school's awards or graduation ceremony ____/____/06

The final postmark for submitting certification forms is **May 15, 2007.**

